

14 October 2010

The Chambers of the Honorable James M. Peck
One Bowling Green
New York
New York 10004
Courtroom 601
United States

Dear Sirs,

Re: Omnibus Objection to Claims (Late-Filed Lehman Programs Securities Claims)

Name of the Bankruptcy Court: United States Bankruptcy Court / Southern District of New York

Name of Debtors: Lehman Brothers Holdings Inc., et al., Debtors

Case / Claim Number: 64707

Debtor: 08-13555

Title of the Objection: Omnibus Objection to Claims (Late-Filed Lehman Programs Securities Claims)

Creditor Name and address: Poon Yuk Wah
G/F, House B, 11-13 Wiltshire Road, Wiltshire Place,
Kowloon Tong, Hong Kong

Classifications and Amount and Description: Unsecured: \$200,000.00

Details of Claimant/Contact:

Name: Poon Yuk Wah

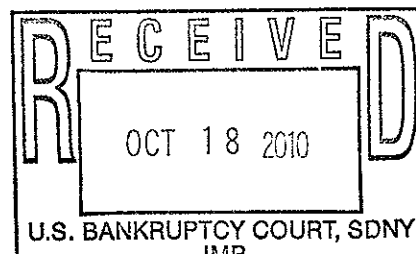
Address: G/F, House B, 11-13 Wiltshire Road, Wiltshire Place, Kowloon Tong, Hong Kong

Telephone no.: 852 9512 8580

Email address: stellapoon@hutchcity.com

Reasons why the claim to be disallowed & expunged

On 23 October 2009, I duly completed and sent out by registered post to United States Bankruptcy Court / Southern District of New York my claims as listed in the Lehman Securities Proof of Claim enclosed herein ("Proof of Claims"). As far as I understand from the way the postal system for Hong Kong operates, the Proof of Claims should have reached you about October 27, 2009 and in any event, prior to the November 2, 2009 bar date.



In addition, if for whatever reason, the Proof of Claims was received late on November 04 , 2009, I do not (with all due respect) believe that it has caused any real or substantial prejudice to the debtor, or cause any delay, or have any significant adverse on the ongoing proceedings.

As any late filing is not attributable to my mistake or conduct in any way and is beyond my control, I urge you to seriously reconsider the position and admit the Proof of Claims or deem it as timely filed. I enclose evidence in support of my position and belief that the Proof of Claims should not have been filed late in the circumstances.


Yours Truly,



Name of Claimant: Poon Yuk Wah

Address:. G/F, House B, 11-13 Wiltshire Road, Wiltshire Place, Kowloon Tong, Hong Kong

Telephone no.: 852 9512 8580

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re Lehman Brothers Holdings Inc., et al., Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., EIAI, 08-13555 (JMP) 0000064707 	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-claims.com as of July 17, 2009.		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor (and name and address where notices should be sent if different from Creditor) POON YUK WAH G/F, HOUSE B, 11-13 WILTSHIRE ROAD, WILTSHIRE PLACE, KOWLOON TONG, HONG KONG		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Telephone number 95128580 Email Address stellapoon@hutchcity.com			
Name and address where payment should be sent (if different from above) ditto		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number _____ Email Address _____			
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p>Amount of Claim: \$ 200,000.00 (Required)</p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p>			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p>International Securities Identification Number (ISIN): XS0308098663 (Required)</p>			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: CA03514 (Required)</p>			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: 71256 (Required)</p>			
<p>5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.</p>		FOR COURT USE ONLY FILED / RECEIVED NOV 04 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC	
Date: 20 Oct 2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. POON YUK WAH		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			

G/F, House B,
11-13 WILTSHIRE ROAD
WILTSHIRE PLACE
KOWLOON TONG, HONGKONG

RECEIVED

NOV 4 2010



Lehman Brothers Holdings Claims Processing Center
c/o Epig Bankruptcy Solutions, LLC
FDR station, P.O. Box 5076
New York, NY 10150-5076, U.S.A.

R HONG KONG
RB 010-503-803 HK

BY AIR MAIL
航 空 寄 件

